

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10) 585326

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		3				
6	10					
7		10				
8	10					
9	10					
10	1		1			
11	1		1			
12	1		1			
13		1				
14	6		1			
15	10					
16	10					
17	10					
18		1				
19		1				
20	6		1			
21	10		1			
22		10				
23	10					
24	10					
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36						
37			1			
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48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.			39			
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						